



City of Greenville
P.O. Box 7207
Greenville, NC 27835

Privilege License Registration Form

Please Check one:

Corporation: ____ **Date of application:** ____ **Amount paid:** ____
Individual: ____ **Date Business to Begin :** ____ **Number of employees:** ____
Partnership: ____ **New Business:** ____
LLC: ____ **Transfer of Ownership :** ____
Location Change: ____
Home Occupation ____ **Federal identification#** ____

Status (Please check one):

American Indian ____ **African American** ____ **Female(Non-Minority** ____
Hispanic Indian ____ **Asian American** ____ **Male(Non-Minority)** ____
Socially & Economically Disadvantaged ____ **Disabled** ____

Business Name: ____
Mailing Address: ____
Physical Address: ____
Phone Number: ____
Fax Number: ____
Last 4 Digits SSN #: ____

Name of Owner/Operator ____
Address: ____
Phone #: ____ **Fax#:** ____ **Email Address:** ____
Driver's License #: ____ **Date of Birth** ____
Give complete Detail/ Nature of business:

Additions to existing building or new signs: ____ **If yes, a separate zoning compliance and building permit is required. Please contact Planning at 252-329-4518.**

By signing this application, it is understood by the applicant that the issuance of a privilege license here under does not constitute acceptance or approval of the named location as having complied with existing building codes or fire protection codes. A licensee shall remain fully liable and responsible for bringing the premises into conformity with all applicable City and State codes.

Business Name: ____ **Signature:** ____

**** Please do not write below this line. Reserved by Zoning Comments****

Planning Department Approval: ____ **Date:** ____
Doc # 780384